Summary of Benefits Report for Pennsylvania, CHIP
InsureKidsNow.gov

Preventive Services

	Is the service Covered?	Frequency	List any service - specific limitations
Cleanings	Yes	1 x 6 months	
Fluoride treatments (including fluoride varnishes)	Yes	2 x year	
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	1 sealant per tooth every 36 months.
Space maintainers	Yes		Limited to children under age 19. Re-cementation or re-bond of space maintainers limited to children under age 19.

Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	Yes	1 x 6 months	There must be a 6 month separation between services.	
Dental examinations	Yes	1 x 6 months	There must be a 6 month separation between services.	At the eruption of the first tooth and no later than at 12 months.
Assessment of risk for tooth decay	Yes	1 x 6 months	There must be a 6 month separation between services.	
X-Rays				
Bitewing	Yes	1 x 6 months	1 radiograph or set every 6 months.	
Full Mouth	Yes	1 x every 5 years	1 Full Mouth Radiographic Series or Panoramic Radiograph in 5 years.	
Panoramic	Yes	1 x every 5 years	1 Full Mouth Radiographic Series or Panoramic Radiograph in 5 years.	

Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes		1 per tooth every 36 months, molars/bicuspids, excluding wisdom teeth. Per arch two times per calendar year.	
Fillings				
Silver amalgam	Yes		Once in a 24 month period	
Tooth colored composite	Yes		Once in a 24 month period	
Crowns/tooth caps				
Stainless steel crowns	Yes - only with prior authorization		Under age 15- limited to 1 per tooth every 60 months	
Metal (only) crowns	Yes - only with prior authorization		Under age 15- limited to 1 per tooth every 60 months	

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Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Metal/porcelain crowns	Yes - only with prior authorization		Limited to 1 per tooth every 60 months	
Porcelain (only) crowns	Yes - only with prior authorization		Limited to 1 per tooth every 60 months	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes - only with prior authorization		Excluding final restoration	
Root canals on permanent teeth	Yes - only with prior authorization		Excluding final restoration	
Gum (periodontal) therapy	Yes - only with prior authorization			
Dentures				
Partial dentures	Yes - only with prior authorization		1 every 60 months	
Complete dentures	Yes - only with prior authorization		1 every 60 months	
Bridges	Yes - only with prior authorization		1 every 60 months	
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization			
Braces	Yes - only with prior authorization			
Oral surgery				
Simple extractions	Yes		Medical necessity	
Surgical extractions	Yes		Medical necessity. May be covered under medical benefits.	
Care of abscesses	Yes - only with prior authorization		Must be medically necessary	
Cleft palate treatment	Yes - only with prior authorization		Must be medically necessary. May be covered under medical benefits.	
Cancer treatment	Yes - only with prior authorization		Must be medically necessary. May be covered under medical benefits.	
Treatment of fractures	Yes - only with prior authorization		May be covered under medical benefits	
Biopsies	Yes - only with prior authorization		May be covered under medical benefits	
Treatment of jaw joint problems (TMJ)	No			
Emergency room services provided by a dentist	Yes			

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Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Inpatient Hospital Services	Yes - only with prior authorization			
Anesthesia				
General anesthesia	Yes			When performed in conjunction with covered services. Must be medically necessary.
Intravenous conscious sedation	Yes			When performed in conjunction with covered services. Must be medically necessary.
Non-intravenous conscious sedation	Yes			When performed in conjunction with covered services. Must be medically necessary.
Analgesia (nitrous oxide)	Yes			When performed in conjunction with covered services. Must be medically necessary.

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).